Columbus Civil Service Commission
50 West Gay Street, Room 600
Columbus, Ohio 43215

Request for Accommodation in Testing
(Not to be used for ADA Accommodation)

1.   Examination: _____

2.   Date (or first phase of) of Exam: _____

3.   Name: _____

4.   Social Security Number: _____

5.   Street Address: _____

     City, State, Zip Code _____

6.   Telephone Number: _____

7.   Reason For Accommodation: ☐ Military   ☐ Temporary Disability   ☐ Other

8.   What type of accommodation are you requesting during the testing process?

_____

_____

_____

_____

_____

9.   Why do you believe this accommodation is necessary? _____

_____

_____

_____

_____

_____

10.   If you are requesting a temporary physical disability accommodation, please attach medical documentation that verifies your need for an accommodation (documentation not necessary if disability is obvious).
            ? Attachment

11.   If you are requesting a military accommodation, please attach a copy of your military orders.
            ? Attachment

Request For Accommodation In Testing

I understand that I must submit this request to the Civil Service Commission as soon as I become aware an accommodation is necessary, or in any event, no later than _____, 20_____.
I certify that the above statements and supporting documentation are truthful and accurate. Furthermore, I understand that pursuant to Civil Service Rule VI(E), if the Civil Service Commission discovers that any answers herein are untrue or fraudulent, I may be prohibited from taking the examination, or otherwise removed from any stage of the selection process. I understand I have a right to request a copy of this completed form.

_____   _____
Signature of Applicant, or Applicant's Designee   Date

_____   _____
Signature of Civil Service Commission Staff Person   Date

Mail or Return to: Columbus Civil Service Commission
                      Attention: Test Administration
                      50 West Gay Street, Room 600
                      Columbus, OH 43215-9038

FOR CIVIL SERVICE COMMISSION USE ONLY

1. Did the applicant attach appropriate documentation – military orders or medical documentation?
    ☐ Yes   ☐ No   If yes, date received: _____

2. If military accommodation was requested, do the applicant's military orders verify the existence of a conflict between the test date and the date the applicant is scheduled for military duty?
    ☐ Yes   ☐ No

3. Accommodation made?   ☐ None   ☐ As Requested   ☐ Other _____

4. Date applicant notified (attach correspondence): _____

5. Comments: _____
    _____
    _____
    _____
    _____